

3329		DEPARTMENT OF HEALTH		CERTIFICATE OF DEATH	
RESIDENCE		1. NAME: FIRST MIDDLE LAST		2. SEX: MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	
NCHS		Veronica Hargis		3A. DATE OF DEATH: MONTH DAY YEAR 09 22 2003	
4C		4A. PLACE OF DEATH: HOSPITAL <input type="checkbox"/> HOSPITAL - OUTPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE HOME <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify): <input type="checkbox"/>		3B. HOUR: 6:00A m	
4G		4C. NAME OF FACILITY: (If not facility, give address) 40 Maple Ave.		4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR	
		4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Warwick		4E. COUNTY OF DEATH: Orange	
		4F. MEDICAL RECORD NO.		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state)	
		5. DATE OF BIRTH: MONTH DAY YEAR 11 27 1950		6A. AGE IN YEARS: 52	
		6B. IF UNDER 1 YEAR, ENTER: MONTH DAY HOURS MINUTES		6C. IF UNDER 1 DAY, ENTER: HOURS MINUTES	
		6D. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Dover, NJ		6E. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:	
7A		8. SERVED IN U.S. ARMED FORCES? (Specify years) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino.	
7B		9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino.		10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be.	
		11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death.		12. SOCIAL SECURITY NUMBER: 150-38-6974	
		13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>		14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name. Calvin Hargis	
		15A. USUAL OCCUPATION: (Do not enter retired) Registered Nurse		15B. KIND OF BUSINESS OR INDUSTRY: Health	
		15C. NAME AND LOCALITY OF COMPANY OR FIRM: Dr. Calvin Hargis		15D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPECIFY TOWN: Warwick, NY	
SI		16A. RESIDENCE: (State or Country if not USA) NY		16B. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Warwick	
25		16C. STREET AND NUMBER OF RESIDENCE: 40 Maple Ave.		16D. ZIP CODE: 10990	
30		17. NAME OF FATHER: FIRST MI LAST Stephen Bartek		18. MAIDEN NAME OF MOTHER: FIRST MI LAST Concetta Togno	
31		19A. NAME OF INFORMANT: Calvin Hargis		19B. MAILING ADDRESS: (Include zip code) 40 Maple Ave. Warwick, NY 10990	
31B		20A. 1 <input type="checkbox"/> BURIAL 2 <input checked="" type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> HOLD DAY MONTH YEAR 09 22 2003		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Oxford Hill	
OR		20C. LOCATION: (City or town and state) Chester, NY		21A. NAME AND ADDRESS OF FUNERAL HOME: 17 Oakland Ave. Warwick, NY 10990	
OS		21B. REGISTRATION NUMBER: 01076		21C. REGISTRATION NUMBER: 04805	
OCOD		22A. NAME OF FUNERAL DIRECTOR: Robert N. Smith		22B. SIGNATURE OF FUNERAL DIRECTOR:	
CANCER		23A. SIGNATURE OF REGISTRAR: Sub-Deputy Registrar		23B. DATE FILED: MONTH DAY YEAR 09 22 2003	
		23C. DATE ISSUED: MONTH DAY YEAR 09 22 2003		23D. DATE ISSUED: MONTH DAY YEAR 09 22 2003	
		24. CERTIFICATION - CHECK ONE: <input type="checkbox"/> I am the attending physician or a physician acting on behalf of the attending physician and to the best of my knowledge, death occurred at the time, date and place and due to the causes stated.		25. I am the medical examiner, deputy medical examiner, coroner, or coroner's physician and on the basis of investigation and such examinations as I felt necessary, in my opinion, death occurred at the time, date and place and due to the causes stated.	
		26. If coroner, not a physician: Coroner's Physician's Name: Title: License No. Signature: Address:		27. If certifier, not attending physician: Attending Physician's Name: Title: License No. Signature: Address:	
		28. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/>		29. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I. IMMEDIATE CAUSE: PANCREATIC Cancer		31. IF INJURY, DATE: MONTH DAY YEAR 09 22 2003	
		32. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):		33. DATE OF DELIVERY: MONTH DAY YEAR	
		34. IF INJURY, DATE: MONTH DAY YEAR 09 22 2003		35. INJURY LOCALITY: (City or town and county and state)	
		36. DESCRIBE HOW INJURY OCCURRED:		37. PLACE OF INJURY:	
		38. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> OTHER (Specify):		39. IF INJURY AT WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES	
		40. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		41. IF FEMALE: <input type="checkbox"/> Not pregnant within last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within past year	

**COPY**

**LAST WILL AND TESTAMENT  
OF  
VERONICA ROSE HARGIS**

I, **VERONICA ROSE HARGIS**, of the Town of Warwick, County of Orange, State of New York, being of sound mind and memory, do make, publish and declare this to be my Last Will and Testament, revoking all Wills and Codicils which I have previously made.

**FIRST:** I direct that all my just debts and funeral expenses be paid as soon after my decease as practicable.

**SECOND:** All of my personal effects and household furnishings, I bequeath to my beloved husband, **LUTHER CALVIN HARGIS**.

**THIRD:** I give, devise and bequeath all the rest, residue and remainder of my property, real and personal, of every kind and nature, and wheresoever situate, and any and all property over which I have a power of disposal, to my beloved husband, **LUTHER CALVIN HARGIS**.

**FOURTH:** In the event my husband and I shall die under circumstances in which it cannot be determined who died first, or in the event he shall predecease me, or fail to survive me by more than thirty (30) days, I then instruct that my estate be distributed as follows:

(a) I bequeath all of my household furnishings and personal effects to my Executor, with the direction that the Executor divide these items of personal property equitably among my four (4) children;

(b) I give, devise and bequeath all the rest, residue and remainder of my property and estate, real or personal property of every kind and nature and wheresoever situated, and any and all property over which I have a power of disposal to my Trustees, hereinafter named, according to the

Trust, except for DANIEL DREW HARGIS' needs to live in a comfortable manner. After DANIEL DREW HARGIS attains the age of Thirty-Five (35) years, the Trustees may continue the Trust under the same terms or terminate the Trust as the Trustees see fit in their sole and absolute discretion. In the event DANIEL DREW HARGIS passes away while the Trust is still in existence, the principal and/or accumulated income of the Trust shall go to DANIEL DREW HARGIS' issue and if he dies leaving no issue, it shall be divided among my three (3) daughters, or if any one (1) or more of them are deceased, to their issue, and if they die leaving no issue, to my surviving daughter or their issue.

**FIFTH:** I hereby nominate, constitute and appoint my husband, LUTHER CALVIN HARGIS, as Executor of this, my Last Will and Testament. In the event LUTHER CALVIN HARGIS shall predecease me or otherwise be unable to serve as Executor, I then nominate, constitute and appoint my brother, MICHAEL BARTEK, as Alternate Executor of this, my Last Will and Testament.

**SIXTH:** I hereby nominate, constitute and appoint as Trustees of all of the Trusts, my brother and sisters,, MICHAEL BARTEK, NANCY LARGENT and MARY NEGRI. The Trustees may designate one (1) of the three (3) Trustees to act in managing the account(s) and that Trustee may be the sole signator for withdrawals from the account(s). However, all decisions regarding the extent of distributions and the termination of DANIEL DREW HARGIS' Trust Fund shall be done by a majority vote of the three (3) Trustees. In the event any one (1) of the Trustees is unable to serve or thereafter passes away and/or otherwise becomes unable to serve, I nominate, constitute and appoint STEVEN BARTEK as the First Alternate Trustee and my daughter, ERIN MARIE HARGIS as the Second Alternate Trustee. In the event that it ever comes to pass that there are only two (2) Trustees for the Trust, then my daughter, ERIN MARIE HARGIS, may nominate one (1) of her

under my Will.

D. My Executor shall be entitled to receive compensation with respect to any property held for any minor pursuant to this paragraph of my Will at the same rate and in the same manner payable to testamentary trustees under the Laws of the State of New York.

**EIGHTH:** No bond or other security shall be required of the persons named herein as Executors or their successor or successors, in any jurisdiction whatsoever, for the faithful and proper performance of their duties.

**NINTH:** Whenever necessary to preserve the meaning, intent and sense of this Will, words indicating masculine and feminine and the singular and plural shall construed interchangeably.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the 23<sup>rd</sup> day of June, 2003.

Veronica Rose Hargis  
VERONICA ROSE HARGIS

WITNESSES:

Luke M. Charley  
Dawn M. Page

The foregoing instrument, consisting of five (5) typewritten pages including this page, was signed, sealed, published and declared by the above named Testatrix, who was of sound mind and memory and who realized the natural bounty of her affection as her Last Will and Testament, in our presence, and we, at her request, signed our names as witnesses the 23<sup>rd</sup> day of June, 2003.

Luke M. Charley P.O. Box 712  
Dawn M. Page Warwick, N.Y. 10996  
160 Walnut Street  
Albany, N.Y. 12256

**AFFIDAVIT OF ATTESTING WITNESS - At Execution**

STATE OF NEW YORK)

)ss.:

COUNTY OF ORANGE)

Each of the undersigned, individually and severally being duly sworn, deposes and says:

The within Will was subscribed in our presence and sight at the end thereof by VERONICA ROSE HARGIS, on the 23<sup>rd</sup> day of June, 2003, at the office of Luke M. Charde, Jr., 19 West Street, Warwick, New York.

Said Testatrix at the time of making such subscription declared the instrument so subscribed to be her Last Will and Testament.

Each of the undersigned thereupon signed their name as a witness at the end of said Will at the request of said Testatrix and in her presence and sight and in the presence and sight of each other.

Said Testatrix was, at the time of so executing said will, over the age of eighteen (18) years of age, and in the respective opinions of the undersigned, of sound mind, memory and understanding and not under any restraint or in any respect incompetent to make a Will.

Each of the undersigned was acquainted with said Testatrix at such time and makes this affidavit at her request.

The within Will was shown to the undersigned at the time this affidavit was made, and was examined by each of them as to the signature of said Testatrix and of the undersigned.

The foregoing instrument was executed by the Testatrix and witnessed by each of the undersigned affiants under the supervision of Luke M. Charde, Jr., attorney at law.

Luke M. Charde, Jr.  
Dawn M. Page

Severally sworn to before me this  
23<sup>rd</sup> day of June, 2003

Maria Coletti

Notary Public

